



*Promoting wellness and recovery*

John R. Kasich, *Governor*  
Tracy J. Plouck, *Director*

# **040 Budget Training**

**March 24, 2017**

# Agenda

- Welcome/Opening Remarks and 040 Workgroup process  
Jim Lapczynski
- Background
  - Medicaid BH Redesign
  - Continuum Of Care (COC)Douglas Day  
Jim Lapczynski
- Lunch (on your own)
- 040 Workbook overview  
Instructions, definitions,  
documents and Board examples  
Panel - Dan Schreiber, Chiwayi Lin,  
Douglas Day, Carolyn Muth and  
Jennifer Peveich
- Break
- Service Inventory  
Sanford Starr and Roy Pierson
- Questions/Closing



# Why are we here?

- ❖ ODMH-ODADAS Consolidation
- ❖ BH Redesign
- ❖ Continuum of Care



# 040 Workgroup

- Started in October 2016
- Expense categories in current 040 and create a mapping to the codes that could be used in each service category
- Comprehensive workbook developed - expanded service categories, detailed reference sheets for program areas



# BH Redesign Influences

Ohio | Department of Alcohol & Drug Addiction Services



Ohio | Department of Mental Health

Orman Hall, ODADAS Director • John R. Kasich, Governor • Tracy J. Plouck, ODMH Director

## Current Procedural Terminology (CPT) Code Changes Effective January 1, 2013

Issued: December 5, 2012

The American Medical Association (AMA) has announced significant changes to the coding and billing of psychiatric services that will be implemented for services provided on and after January 1, 2013. These coding changes will impact the way in which Community Mental Health Centers (CMHCs) manage their workflow, provide services to clients and bill payors for those services.

The Ohio Department of Mental Health (ODMH) has analyzed these changes and the technical, legal and policy changes that will need to occur to support moving Ohio's community mental health system into this changed environment. Rather than viewing this as impediment, we consider this change a significant move on the path to full integration of physical and mental health.

The most impactful change we have identified is the elimination of codes 90801 (used by CMHCs for diagnostic assessments by a physician) and 90862 (used by CMHCs for pharmacologic management). These two codes will no longer be available for services provided on and after January 1, 2013. 90801 is being replaced with two new codes, 90791 (no medical services involved) and 90792 (medical services involved), while 90862 is being "transitioned" to the Evaluation and Management (E&M) codes.

Transitioning Ohio's CMHCs from single service codes to multiple service codes by January 1, 2013 will not occur due to the complexity of the change. Instead, the codes will be exchanged on a "one to one" basis per the following table:

Mental Health Service	Code for DOS prior to January 1, 2013	Code for DOS on and after January 1, 2013
Diagnostic Assessment by a Physician	90801	90792
Pharmacologic Management	90862	90863

This code transition is being implemented in both MACSIS and MITS and will be live on January 1, 2013.

This "one to one" replacement option is intended to be temporary to meet the January 1, 2013 changes. Over the upcoming months as the Departments' complete the consolidation process, additional work will be done to fully align with the AMA changes in support of integration.

- American Medical Association (AMA) Current Procedural Terminology (CPT) Code Changes – January 1, 2013

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# BH Redesign Influences



Promoting wellness and recovery

John R. Kasich, Governor • Terry J. Blouin, Director • 30 E. Broad St. • Columbus, OH 43215 • 614/466-2590 • mha.ohio.gov

November 25, 2013

TO: Medicaid Providers of Community Mental Health Services

FROM: Douglas L. Day, Chief, OhioMHAS Bureau of Health Integration *DL Day*

RE: Community Mental Health Family Therapy as Behavioral Health Counseling and Therapy Service.

In February of 2011, a request was submitted to the Ohio Department of Mental Health (now the Ohio Department of Mental Health and Addiction Services (OhioMHAS)) regarding recognition of family therapy as a Medicaid service. While OhioMHAS and the Ohio Department of Medicaid are not currently in a position to establish new billing codes under Medicaid for family therapy, we can clarify how family therapy may be provided and covered under Medicaid as the behavioral health counseling and therapy service.

**Current Billing Options for Community Mental Health - Behavioral Health Counseling and Therapy Service:**

HICPCS	Required Modifier	Service
H0004	HE	Individual Counseling
	GT	Individual or Group Counseling via Interactive Video Conferencing
	-Q	Group Counseling

OhioMHAS requirements for mental health services define behavioral health counseling and therapy in [Ohio Administrative Code \(OAC\) 5122-29-03](#), which states that when a child or adolescent is the beneficiary served, interactions may also occur with family members, parent(s), guardian(s) and significant others as long as the intended outcome is improved functioning of the child or adolescent and these types of interventions are included in the child or adolescent's individual service plan. Based on this definition, OhioMHAS' Office of Licensure and Certification has agreed that family therapy may be categorized as the current behavioral health counseling and therapy service as long as the rule conditions are met.

OhioMHAS has conferred with the Ohio Department of Medicaid (ODM) regarding coverage criteria applicable to this community mental health service, which are found in [OAC 5101-3-27-02](#). While the Medicaid rule refers to the OhioMHAS rule; there is an additional qualifier in this rule, specifically paragraph (F)(2), which defines a billable unit of service. That provision states that "face-to-face contact with family members, parent, guardian and/or significant others for children or adolescents receiving behavioral health counseling and therapy . . . when the purpose of the contact is directed to the exclusive benefit of the Medicaid eligible beneficiary" can be a billable unit of service.

Based upon the OhioMHAS service rule and the ODM Medicaid coverage rule requirements for community mental health services, behavioral health counseling and therapy services, including family therapy provided face to face with family members, parent(s), guardian(s), and/or significant others on behalf of a child or adolescent that directly benefits the child or adolescent, may be billed to Medicaid.

- ODADAS and ODMH Consolidation – July 1, 2013
- Certification Rules being Updated to better reflect Behavioral Health



# BH Redesign Influences



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March 18, 2014

Mr. Scott Sylak, Executive Director  
Mental Health and Recovery Services Board (MHRSB) of Lucas County  
701 Adams Street, Suite 800  
Toledo, Ohio 43604

Dear Mr. Sylak,

John McCarthy, Director of the Ohio Department of Medicaid (ODM), has forwarded the March 10, 2014, letter MHRSB Associate Director Thomas L. Bartlett submitted regarding the Ohio Medicaid fee schedule differences for “comparable” community-based alcohol and other drug and mental health (herein after referred to as behavioral health) services.

As you are aware, prior to July 1, 2013, there were separate state departments responsible for Ohio’s alcohol and other drug and mental health service systems. In the Medicaid program that meant there were two distinct service systems with two distinct funding streams. Due to the segregation of the two components of the behavioral health (BH) service system prior to and during the fee schedule implementation separate unit cost analyses were performed. This all resulted in the different fee schedule amounts for the “comparable” behavioral health services as noted in the letter.

Currently, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) is in process of consolidating the certification process and standards between the two disciplines. This consolidation process will include a review of the “comparable” services. Based upon the certification consolidation recommendations, OhioMHAS will work with ODM to update and align Ohio’s Medicaid State Plan with those changes. This would include proposing changes to the BH Medicaid fee schedule as appropriate.

If you or your staff have additional questions, please contact Douglas L. Day, Chief of the Bureau of Health Integration, at (614) 644-9144 or [Douglas.Day@mha.ohio.gov](mailto:Douglas.Day@mha.ohio.gov).

Sincerely,

Tracy J. Plouck  
Director

cc: Director John McCarthy

- Parity between the SUD and MH disciplines within the BH continuum – July 1, 2017

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Department of Medicaid  
Department of Mental Health and Addiction Services

# *Behavioral Health Redesign Overview*

**OhioMHAS 040 Training for Boards**  
**3.24.17**



Behavioral Health Redesign

# Ohio Medicaid Behavioral Health Redesign Initiative

The Redesign Initiative is an integral component of Ohio's comprehensive strategy to rebuild community behavioral health system capacity

The Initiative is based on key Medicaid behavioral health reforms implemented in four steps:



## Elevation

Financing of Medicaid behavioral health services moved from county administrators to the state.



## Expansion

Ohio implemented Medicaid expansion to extend Medicaid coverage to more low-income Ohioans, including 500,000 residents with behavioral health needs.



## Modernization

ODM and OhioMHAS are charged with modernizing the behavioral health benefit package to align with national standards and expand services to those most in need



## Integration

Post benefit modernization, the Medicaid behavioral health benefit will be fully integrated into Medicaid managed care.

# Ohio Medicaid Behavioral Health Redesign Initiative - Where We Are Today



**Elevation** – **Completed** as of July 1, 2012.

**Expansion** – **Completed** as of January 1, 2014.



**Modernization** – Underway, ODM and OhioMHAS are modernizing the community behavioral health benefit package to align with national standards and expand services to those most in need. **Implementation on target for July 1, 2017.**



**Integration** – Post benefit modernization, the community Medicaid behavioral health benefit will be fully integrated into Medicaid managed care. **Implementation on target for January 1, 2018.**





Department of Medicaid  
Department of Mental Health and Addiction Services

# What community behavioral health services are available?



Behavioral Health Redesign

# Medicaid Mental Health Benefit – Pre July 1, 2017

## Psychiatric Diagnostic Evaluation w/ Medical

Assessing treatment needs & developing a plan for care



## Mental health Assessment

Assessing treatment needs & developing a plan for care



## Pharmacological Management

Services provided by medical staff directly related to MH conditions and symptoms



## Partial Hospitalization

Teaching skills and providing supports to maintain community based care



## Crisis Intervention

Services for people in crisis



## CPST

Care Coordination



## Mental health counseling

Individual and group counseling may be provided by all credentialed practitioners



## Respite for Children and their Families

Providing short term relief to caregivers



## Office Administered Medications

Long Acting Psychotropics



# Medicaid Mental Health Benefit – July 1, 2017

Psychotherapy CPT Codes	Psychiatric Diagnostic Evaluation	Medical (Office/Home, E&M, Nursing)	Assertive Community Treatment (ACT)
Individual, group, family and crisis	Assessing treatment needs & developing a plan for care	Medical practitioner services provided to MH patients	Comprehensive team based care for adults with SPMI

Group Day Treatment	Crisis Services	Intensive Home-Based Treatment	CPST	Screening, Brief Intervention and Referral to Treatment (SBIRT)
Teaching skills and providing supports to maintain community based care	Covered under crisis psychotherapy and other HCPCS codes	Helping SED youth remain in their homes and the community	Care Coordination	Screening and brief interventions for substance use disorder(s)

Therapeutic Behavioral Service (TBS)	Psychosocial Rehabilitation (PSR)	Respite for Children and their Families	Office Administered Medications	Psychological Testing
Provided by paraprofessionals with Master's, Bachelor's or 3 years experience	Provided by paraprofessionals with less than Bachelor's or less than 3 years experience	Providing short term relief to caregivers	Long Acting Psychotropics	Neurobehavioral, developmental, and psychological

# Medicaid Substance Use Disorder Benefit – Pre July 1, 2017

## Outpatient

- Ambulatory Detoxification
- Assessment
- Case Management
- Crisis Intervention
- Group Counseling
- Individual Counseling
- Intensive Outpatient
- Laboratory Urinalysis
- Medical/Somatic
- Methadone Administration



## Residential

- Ambulatory Detoxification
- Assessment
- Case Management
- Crisis Intervention
- Group Counseling
- Individual Counseling
- Intensive Outpatient
- Laboratory Urinalysis
- Medical/Somatic



# Medicaid Substance Use Disorder Benefit – July 1, 2017

## Outpatient

Adolescents: Less than 6 hrs/wk  
Adults: Less than 9 hrs/wk

- Assessment
- Psychiatric Diagnostic Evaluation
- Counseling and Therapy
  - Psychotherapy – Individual, Group, Family, and Crisis
  - Group and Individual (Non-Licensed)
- Medical
- Medications
- Buprenorphine and Methadone Administration
- Urine Drug Screening
- Peer Recovery Support
- Case Management

- Level 1 Withdrawal Management (billed as a combination of medical services)

## Intensive Outpatient

Adolescents: 6 to 19.9 hrs/wk  
Adults: 9 to 19.9 hrs/wk

- Assessment
- Psychiatric Diagnostic Evaluation
- Counseling and Therapy
  - Psychotherapy – Individual, Group, Family, and Crisis
  - Group and Individual (Non-Licensed)
- Medical
- Medications
- Buprenorphine and Methadone Administration
- Urine Drug Screening
- Peer Recovery Support
- Case Management

- Additional coding for longer duration group counseling/psychotherapy
- Level 2 Withdrawal Management (billed as a combination of medical services)

## Partial Hospitalization

Adolescents: 20 or more hrs/wk  
Adults: 20 or more hrs/wk

- Assessment
- Psychiatric Diagnostic Evaluation
- Counseling and Therapy
  - Psychotherapy – Individual, Group, Family, and Crisis
  - Group and Individual (Non-Licensed)
- Medical
- Medications
- Buprenorphine and Methadone Administration
- Urine Drug Screening
- Peer Recovery Support
- Case Management

- Additional coding for longer duration group counseling/psychotherapy
- Level 2 Withdrawal Management (billed as a combination of medical services)

## Residential

- Per Diems supporting all four residential levels of care including:
  - clinically managed
  - medically monitored
  - two residential levels of care for withdrawal management

- Medications
- Buprenorphine and Methadone Administration
- Medicaid is federally prohibited from covering room and board/housing

- Level 2 Withdrawal Management (billed as a combination of medical services OR 23 hour observation bed per diem)



Department of Medicaid  
Department of Mental Health and Addiction Services

# *Behavioral Health Redesign Website*



Behavioral Health Redesign

# Behavioral Health Redesign Website



Go To:  
[bh.medicaid.ohio.gov](http://bh.medicaid.ohio.gov)

Sign up online for the  
***BH Redesign Newsletter.***

The screenshot shows the homepage of the Behavioral Health Redesign website. At the top, there is the Ohio Department of Medicaid logo and the text "Behavioral Health Redesign". A navigation menu includes links for HOME, ABOUT, INDIVIDUALS, PROVIDERS, NEWSLETTERS, and CONTACT US. A search bar is located in the top right corner. The main header features a large image of a doctor in a white coat talking to a patient in a red shirt. To the right of the image, the text reads "Helping Your Patients" and "Modernizing business practices to improve patient outcomes." Below the header, a section titled "What is Ohio's Behavioral Health Redesign?" provides a brief overview of the initiative, stating it is a transformative effort to rebuild the community behavioral health system. Below this text are three buttons: "About", "Individuals", and "Providers", each with a "learn more >" link. At the bottom of the page, there are three columns: "Newsletter Sign-up" with a link to sign up for the BH Redesign Newsletter; "Partners" listing the Governor's Office of Health Transformation and the Ohio Departments of Medicaid and Mental Health and Addiction Services; and "Contact Us" with information on how to reach the office for questions about BH Redesign, Medicaid coverage, and mental health services. The footer contains logos for the Ohio Department of Medicaid, the Ohio Department of Mental Health and Addiction Services, and the Governor's Office of Health Transformation, along with copyright information and links to Terms of Use and Privacy Statement.



Questions?

# Continuum of Care

- Statutory requirement effective 7/1/2017
- 2 Components
  1. Requirement that Boards have required continuum of care
  2. Provider waiting list



# Continuum of Care

Requirement that Boards have required continuum of care

How to measure

- 040
- Community Plan
- Service Inventory



# Continuum of Care

## SFY 2017 COC review

- July 1, 2016 – community plan, 040, service inventory (contained within the 040)
- Review based on future



# Continuum of Care

## Sub SB 319 Changes in COC Waiver

- Non opiate services within COC
- ✓ OhioMHAS director may grant time limited waiver if the Board seeking the waiver has made *reasonable efforts* to include the service



# Continuum of Care

## Sub SB 319 Changes in COC Waiver

- Opiate services within the COC
- Applicable to ambulatory detoxification and medication assisted treatment
- ✓ contracts can be made for services within 30 miles of the Board service district
- ✓ no significant barrier to treatment



# Continuum of Care 040 Workbook Overview

- General Points about Budget submission
  - State/Federal Funding amounts (allocations and grants) based on Executive Budget proposal
    - Subject to change based on final enacted budget
    - Department will implement revision process for submitted budgets if Executive Budget levels are altered by the General Assembly
  - Submitted Budgets are understood to be proposals based on available information
    - Actual reporting may vary based on experience
  - 040 Budget Submission is just one part of the CoC requirement



# Continuum of Care 040 Workbook Overview

- Guiding Principles
  - Supports continuum of care
    - Opiate and non-Opiate populations and services
  - Incorporates BH redesign
  - Supports OhioMHAS – single Department
  - Consistency in: reporting across boards, definitions
  - Better reflect Board administrative activities
  - Budget version and Actual version



# Continuum of Care 040 Workbook Overview

- Actual submission – please submit workbook unmodified
- No Duplications on inputting data
- Report Beginning & Ending Balances



# Continuum of Care 040 Workbook Overview

- Category Sub-Groupings:
  - Balances
  - Revenues
  - Board Administration
  - Board Services to the Community
  - Special Transactions
  - Treatment
  - Prevention
  - Housing
  - Miscellaneous



# Continuum of Care 040 Workbook Overview

- Reference Tabs (due to Redesign):
  - Medical and Related
  - Counseling and Therapy
  - Assessment, Evaluation, and Testing
  - Coordination and Support
  - SUD Residential
  
- Filling out form MHAS-FIS-040



# SFY 2018 Continuum of Care (CoC) Service Inventory



# Continuum of Care Service Inventory

## PURPOSE

- Demonstrate Boards meet Ohio Revised Code (ORC) requirements of BH Essential Service Categories for AOD, MH & Opiate disorders [ORC 340.032 & 340.033]



# Continuum of Care Service Inventory

## Changes to last year's CoC Service Inventory (**It's Simplified**)

- Required Information
  - “Name & Address” of provider of an individual service that satisfies part or all of an Essential Service Category
  - A “Yes or No” question about the board having a contract with that provider for that service.
  - Boards need only to type in information for one (1) provider providing that service, not all providers providing that service

# Continuum of Care Service Inventory

Updated [Sub. S.B No. 310 (MBR), December 2016]:

- Essential Service Categories required for AOD & MH
  - conform to changes made in ORC 340.032 and 340.033
  - are defined by Medicaid Re-Design service names and codes



# Continuum of Care Service Inventory

## What's the same as last years CoC Service Inventory

- As long as the provider of the individual service meets the CoC “Location” and “Treatment Focus” requirements, the Board does not need to contract with a provider in order to meet the Essential Service Category



# Continuum of Care Service Inventory

## Definitional Issues

- Residential MH Services
  - Type 1 Licensed Facility (either child or adult)
  - Child Welfare Residential Treatment
- Peer Support
  - Certified OR non-certified peer supporter
    - This service is provider directed/has some type of provider oversight
  - For the purposes of continuum of care, AA sponsorship is not Peer Support
    - AA sponsorship is part of the essential service identified as “multiple paths to recovery such as twelve-step approaches.”
- Ambulatory Detox – Outpatient Service/23 Hour Observation – Withdrawal Management



# Continuum of Care Service Inventory - Waivers

- A waiver for Ambulatory Detox or Medication Assisted Treatment may not be issued by the Director unless:
  - the service is contracted with a provider within 30 miles of the Board's service district
- AND
  - the time it takes to travel to the service provider does not impose a significant barrier to successful treatment

# 040 and Service Inventory Submission and Next Steps



# Important Due Dates

- Community Plan Update – June 30, 2017  
[QPRBoardDocs@mha.ohio.gov](mailto:QPRBoardDocs@mha.ohio.gov)
- Service Inventory – May 5, 2017  
[MH-SOT-brdreports@mha.ohio.gov](mailto:MH-SOT-brdreports@mha.ohio.gov)
- Budget MHAS-FIS-040 – May 5, 2017  
[MH-SOT-brdreports@mha.ohio.gov](mailto:MH-SOT-brdreports@mha.ohio.gov)



# OhioMHAS 040 Contact

[MHAS\\_FiscalReview@mha.ohio.gov](mailto:MHAS_FiscalReview@mha.ohio.gov)



# Continuum of Care

## 040 Workbook Collaborating Committee

- Feedback, CQI, 040 Collaborating Committee

